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REPORT OF THE REGIONAL EXPERT CONSULTATION ON LONG-TERM CARE OF OLDER PERSONS

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I. Background to the Consultation

The "Regional Expert Consultation on Long-Term Care of Older Persons" was organized by ESCAP in cooperation with the National Health and Family Planning Commission of the China (NHFPC), in the context of the project "Strengthening national capacity for promoting and protecting the rights of older persons".

The Consultation was attended by experts from the Asian and Pacific region (Annex I) and built upon the outcomes of the Asia-Pacific Expert Group Meeting on Long-Term Care held in Shanghai, December 2013.

II. Objectives of the Consultation and overview of definitions and concepts relating to long-term care of older persons

On behalf of the organizers, Mr. Srinivas Tata, Chief, Social Policy and Population Section, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and Ms. Xu Meilin, Inspector, Department of Family Development, National Health and Family Planning Commission of China (NHFPC), welcomed the participants to the Consultation.

Ms. Therese Bjork, Social Affairs Officer, ESCAP, briefly outlined the background, main objectives and the programme for the Consultation. The Consultation aimed to achieve the following:

1. Identify specific strategies being adopted by countries from within and outside the region to address the rising demand for long-term care in the context of rapidly ageing populations in the region, taking into account the specific country contexts.
2. Identify the role played by different modalities of care including institutional, community-based and home-based care and their inter-linkages in the context of specific country situations. The role of public policies in promoting the effective provision of long-term care, including through appropriate and adequate financing strategies, human resources and technology would also be explored.
3. Provide elements for an overall regional framework for action for long-term care of older persons, which is financially sustainable, safeguards the rights of older persons and which responds to current and future needs of the populations in different countries in the region, with specific guidelines for implementation drawn from good practices.

Mr. Tata outlined critical issues to consider during the Consultation, noting the challenges in relation to the varying terminology used for long-term care of older persons; the need to take the diversity of country contexts into consideration; the many stakeholders that are key to the development and provision of long-term care; current and future financing options for long-term care in the context of rapidly ageing populations in the region; challenges in relation to adequate human resources to meet current and future needs; the potential of better use of technology and traditional medicine for long-term care; as well as highlighting the need for more and better data and evidence for policy-making.

III. Review of national experiences from the Asia-Pacific region regarding long-term care of older persons

a. Long-term care of older persons in Japan and the Republic of Korea

Ms. Reiko Hayashi, Director of International Research and Cooperation at the National Institute of Population and Social Security Research in Japan, delivered a presentation on long-term care of older persons in the case of Japan. In her presentation, Ms. Hayashi noted that the population of Japan has declined and aged during several decades.. Life expectancy has been increasing since the 1920s, while the proportion of older persons[1] has been increasing since 1950s and the population is ageing very quickly. One in every four persons in Japan is an older person, and most of the oldest old, aged 75 and older, live in urban areas.

[1] Older persons are defined as those 65 of age or older

In Japan, 16.4 per cent of older persons live at home alone, 33.7 per cent live at home with spouse, and 44 per cent live at home with children or other family members. The number of older people living alone is increasing.

The long-term care insurance system was launched in Japan in 2000. An important complement to the long-term care insurance is the universal coverage of pension and health care. Ms. Hayashi highlighted three funding sources for the long-term care insurance: insurance premiums (paid from age 40), subsidies, and co-payment (10%),. The insurer and the operator of the long-term care insurance is the municipality. To receive long-term care in the public system the older persons needs to apply and undergo an assessment by a case manager. Needs assesment and care-plans are made by care managers, with support/care needs assessed on a scale of 5 levels of care according to the abilities and care needs of the individual older person. The care manager therefore plays a key role in the long-term care system in Japan.

The long-term care insurance system in Japan provides only services (in-home services, facility services, community-based care services, nursing care prevention services and community-based nursing care prevention services) and no cash allowances. The number of persons certified for long-term care has been constantly rising since the introduction of the long-term care insurance, with the number of persons benefitting from the long-term care insurance doubling between 2000 and 2013 (reaching 5,330,000 persons eligible in 2013). Consequently the total expenditure on the LTC insurance has risen and is expected to increase significantly up to 2025. At the same time, only nine per cent of the social security spending was spent on care for older persons, while 35% is spent on pensions and 37% on health care. The increase in expenditure on long-term care has been accompanied by an increase in the co-payment fee and is expected to increase further in 2015.

As care in an institutional facility is very expensive, Japan is promoting a model of integrated community care where five types of care are provided within the local community. The model includes: enhanced collaboration with the healthcare system; improved and enhanced long-term care services, including special nursing homes and 24-hour home visits; promotion of prevention to avoid future long-term care needs; diverse livelihood support services, such asfood delivery, shopping, rights advocacy services; and maintenance of elderly persons housing to support independent living at home as long a possible.

Ms. Hayashi highlighted the expected sharp rise in demand for human resources to respond to health and care needs of older persons, especially in nurses and care workers. To meet the shortage of labour, Japan is conducting reserach in robotics, encouraging "younger" older persons to take care of "older" older persons, improving working conditions for care workers with appropriate careeer paths, as well aslooking at how to attract foreign care workers. In terms of foreign care workers, Japan has partnerships for example with Indonesia, the Philippines and Viet Nam to train their nationals as nurses in Japan and offering nurses to stay in Japan after the training is completed. A similar initiative for care workers is currently challenges by visas restircitions for care workers.

Ms. Hayashi also noted that since all countries in the region will have a shortage of careworkers and ageing populations, Japan cannot only rely on foreign care workers.

She concluded that the development of human resources for health and care is a common challenge for the region that could be addressed through a regional human resources strategy. Moreover, Ms. Hayashi noted that while the mobility in the strictly medical field is more regulated there are more possibilities for mobility for long-term care workers. As care workers often have low pay and modest career progression, opportunities to work abroad could work as an incentive.

Another trend highlighted by Ms. Hayashi, is the increasing number of single housholds, including among older persons, yet noting that many people still prefer to live close to their families. When asked about preferences when people in the future may need long-term care, the vast majority indicate that they would prefer to live at home (4% at home with family care, 24% at home with family and external care and 46% at home with external care). Research also suggests that middle-aged people want to take care of their parents but they do not want their children to take care of them when they will need care, which is a radical shift in how people in Japan think today. Ms. Hayashi suggested that living close to family rather than living together may be a preferred solution for many to avoid the stress of living together, and yet a way for family members to support each other.

Mr. Young Jun Choi, Associate Professor at the Korea University in the Republic of Korea, presented an analysis of the long-term care systems in the Republic of Korea, where the ageing process was taking place at a faster pace than in Japan placing ageing firmly on the national agenda. The democratization process and the inauguration of pro-welfare government in 1997 further contributed to the first proposal by the Government to introduce long-term care insurance in 1999, building on the lessons learnt from Japan. At the same time, the role of family in providing long-term care had decreased: while in 1998 90 per cent of older persons were cared for by their family members, in 2012 only 36% of older persons were supported by their families. Women's increased participation in education and labour force also meant that fewer older persons were taken care of by their daughters and female relatives. The Government was promoting institutional long-term care to allow women to work.

Long-term care insurance was introduced in 2008 after the Parliament passed the bill on elderly care package and basic services in 2007. The introduction of long-term insurance was a significant milestone in the development of the Korean welfare state. In addition to the nationwide long-term care insurance, a range of minor support programmes was provided by local governments. The long-term care insurance specifically designed for older persons is the main pillar of the long-term care system. The system serviced more than seven million recipients of long-term care and had more than 15,000 long-term care service providers. The system is funded as part of the general health insurance premiums with 20 per cent of the cost covered by the government constituting 0.26 per cent of the GDP in 2011. Mr. Young highlighted a number of challenges facing the long-term care system in the Republic of Korea, including shortage of home care services, equity issues regarding access to long-term care in rural areas, reliance on for-profit providers, lack of coordination and fragmentation of long-term care services as well as poor working conditions for care workers. Moreover, as traditional family structures are eroding and the average family size is shrinking, family care is no longer a sustainable long-term care option in the Republic of Korea. Addressing these issues will require building a long-term care system that is integrated and comprehensive.

During the interactive dialogue that followed, several experts noted that creation

of care standards was crucial for financing and delivery of long-term care and that a human resource strategy had to be regional in order for countries to support each other in the face of common human resource challenges. One difference noted between Japan and the Republic of Korea is that the Republic of Korea has not seeking foreign workers with a view to create jobs at the domestic market.

The issue of declining significance of family care and its impact on the cost of long-term care in both the Republic of Korea and Japan was also raised. In both countries, there were socio-cultural impediments to promoting community-based care. In the Republic of Korea some older persons did not feel comfortable with care workers entering their homes, and also did not want to be a burden on their family members. Support to the family care givers was also a challenge in the Japanese system. In the Republic of Korea, informal care was restricted because of quality concerns, and only allowed for older persons living in remote areas. In Japan, the Government hoped that the family could fill the gap if elderly people stayed at home. Many older persons opted for institutional care, which increased the cost. In the Republic of Korea, the increasing popularity of institutional care could be attributed to the fact that in many cases the cost of having older persons requiring regular care in institutions was lower in comparison to sending specialized staff to older persons' homes on a daily basis. Participants also noted that provision of 24-hour home-based care was costly in developed countries such as Japan and Republic of Korea.

b. Long-term care of older persons in China and Thailand

Professor Du Peng, Renmin University of China, presented an overview of long-term care of older persons in China. He noted that China has more than 202 million people aged 60 and over, accounting for 14.9 per cent of the total population. It is estimated that 18.6 per cent of these older persons need assistance with Activities of Daily Living (ADL). The number of older persons in need of long- term care in China increases with 1.5 million each year and reached 37.5 million in 2013. The overall situation is characterized by increasing needs and a shortage of care services.

Professor Peng noted that China in the last three years has seen significant progress in the development of policies on long-term care for older persons, with the issue being high on the agenda due to the continuously increasing number of older persons and the many older persons with disabilities who need assistance with ADL.

The Government has shifted its role in relation to long-term care from a service provider to service purchaser, enabler and regulator, while encouraging non-governmental organization to provide the services. The national goal for long-term care of older persons is 90-7-3, with 90 % residential care, 7% community care and 3% institutional care.

Among the recent progress in the development of policies and legislation is the "Construction Plan for the Social Service System for Older Persons" (2011-2015), which established a social service system for long-term care of older persons mainly based on home-care. The 2012 revised "Law on the Protection of the Rights of Older Persons" also includes provisions relating to long-term care, such as the right to receive treatment and care in time, the obligation to cover medical fees for those older persons who cannot afford them, as well as provisions relating to rural-urban community care services and the responsibilities of families and communities in relation to care of older persons. In spite of this progress, laws and regulations remain fragmented and implementation is yet to

improve. Professor Peng also highlighted the need for an integrated approach to social security, health care and long-term care and noted the shift towards increased responsibility of the government for long-term care of older persons.

China is exploring the establishment of standardized systems for assessing long-term care needs and local governments are actively encouraged to carry out pilot projects in this regard. In 2001 Shanghai introduced standardized needs assessment of older persons in institutional care and since 2006 a standardized assessment is being used for community care services. Since 2014, the needs assessment is also used for home-based care.

In China, eligibility for public care services varies between provinces. While services in Shanghai are given only after a needs assessment, in Beijing everyone who is 80 years and above can obtain a service voucher regardless of care needs. In Beijing, a subsidy can also be provided for care of a family member with a disability. In Nanjing, family carers can apply for a government subsidy.

Professor Peng noted that family members remain the main caregivers, in addition to being the pillar in financing the costs for long-term care of older persons. Internal migration, women's increased participation in the labour force and low birth rates are however posing significant challenges to the reliance on family-care. As a consequence many provinces are exploring different forms of community and home-based care. Institutional care currently accounts for 2% of older persons in long-term care, but suffers from a shortage of professional staff. At the same time there is a drive to reduce costs in nursing homes, leading to many of them only accepting the healthier older persons.

China's long-term care system is based on a welfare model and there are currently no plans to introduce a national long-term care insurance (LTCI). There are nevertheless interesting provincial initiatives, such as the Qingdao province. Qingdao introduced a LTCI in 2012, which provides financial support for older persons with moderate and severe impairments, covering both home-based care and care in institutions and hospitals. The Qingdao system integrates the health and the social care systems, with one part of the financing derived from the health insurance and one part from general revenues . As no premium is paid; strictly speaking, it is not an insurance.

Professor Du Peng noted that human resources needs constitute another challenge for long-term care in China. The shortage of long-term care staff is attributable to low salaries, long working hours and a poor career path, with care work attracting few young people. Most care workers are rural women aged 45 years and above.

In terms of financing of long-term care of older persons, the government provides financial support through subsidies to older persons, coverage of medical expenses and financial support to community and institutional care, although this varies between provinces. The government also provides indirect investment in the system through purchasing of care services, and in some instances provides support to family care givers. In addition, the government has taken some policy initiatives to strengthen investment and financing of the long-term care system, such as tax exemptions for nursing homes and subsidies for the construction of facilities. One challenge for the financing of the long-term care system is that health care and long-term care fall under different ministries and are financed from different budgets, although the target groups are the same. Another challenge is the movement of people between provinces with different systems.

Professor Du Peng concluded that the current long-term care system in China would be difficult to sustain over time due to lack of resources. At the same time, the ageing population cannot be cared for only by family members is increasing, and many older persons lack the financial means to pay for their care needs.

To meet the needs of the current and future ageing population in China, Professor Peng proposed that a basic long-term care system which meets the needs of the most vulnerable groups of older persons should be introduced. This would require a standardized system for assessing long-term care needs.

To ensure the financial sustainability of the system, Professor Peng suggested that a LTCI system at the national level be established, as well as programs to support family care-givers to consolidate and strengthen family-care, such as subsidies, tax incentives to encourage people to live near older family members, respite care etc.

Furthermore, Professor Peng recommended that policies and programmes specifically focusing on long-term care be introduced and long-term care planned and developed to ensure equitable access of services, especially in rural areas, to meet the different needs of older persons. He also recommended the introduction of a plan to develop the capacity of caregivers through training systems, qualifications and certification systems, providing better career paths and incentives to remain in care work over time.

Dr. Worawet Suwanrada, Associate Professor and Dean, College of Population Studies, Chulalongkorn University, presented an overview of long-term care of older persons in Thailand. The number of persons aged 60 years and older has risen steadily since 1970, and is expected to increase from 13 per cent today to 33 per cent in 2040, with fertility decline and increased life expectancy behind the trend. The oldest-old[2] are also increasing from 1 million in 2010 to 3.9 million in 2040. In 2011 in Thailand, 3.7 per cent of the persons 60 and older lived with functional limitations; and that proportion increases significantly after 80 years of age. With increasing numbers of oldest-old and less people to take care of them, long-term care of older persons is receiving increased attention in Thailand.

The 2nd National Plan on the Elderly (2002-2021) recognizes older persons as a social development resource who should be supported to enable them to live in dignity and good health as long as possible. It also stipulates that older persons who need support shall have access to care by the family, the community, society and the government. The Plan contains 13 indicators relating to care of older persons, while an assessment made by Chulalongkorn University showed that only half of those indicators had been reached.

Dr. Suwanrada explained that family-care and community-based care form the basis for elderly care in Thailand and daughters are the most common caregivers (52 per cent). Only 2.8 per cent of older persons are provided with assistance for ADL by a paid carer in Thailand. The cost for employing a caregiver in the private market is relatively high compared to average household income, with many households not being able to afford it.

Government support for long-term care of older persons in Thailand includes income tax incentives for low-income older parents (parental care expenses deduction and parents' health insurance expenses deduction); provision of care services through national or local government managed public elderly homes; elderly home-care volunteers (home visits and care to dependent elderly in rural areas); sub-district health-promoting hospital

[2] Persons over 80 years

and village health volunteers; home health-care for the elderly with home visits and home care for highly dependent chronically ill older persons; and various long-term care pilot projects as well as Senior Citizens Clubs who do home visits. Public services are available to poor older persons only. Therefore, the main gap in the existing system of long-term care for older persons is for medium-income elderly households who cannot benefit from the care targeting the poor elderly.

Long-term care of older persons is funded from the national budget and line ministries, local authorities and since 2006 from the Sub-district Health Fund, which aims to promote health and to stimulate involvement of local institutions. The National Elderly Committee in November 2010 approved the "Action Plan for the Promotion of Elderly Long-term Care (2011-2013)", which covers health, social and economic issues to be implemented by line ministries and designated organizations.

Dr. Suwanrada noted that among the challenges for the future of long-term care of older persons in Thailand, are the sustainability of the community-based care system; the diversification of elderly care services; the need to define the role of and regulate and monitor the work of private and voluntary sector actors in long-term care of older persons; the need to better define the role of local authorities on elderly care; and ensuring coordination of various governmental bodies such as those related to health, social affairs and the interior; as well as elderly care and urbanization. He also noted that Thailand also struggles with a shortage of care workers, with most carers being middle-aged women and few younger persons attracted to the care-work. Among the challenges to long-term care are therefore ensuring adequately skilled human resources, the impact of long-term care needs on the government budget and the need to find appropriate financing mechanisms.

During the interactive discussion questions were raised on the financing of the Senior Citizen Clubs. Dr. Suwanrada explained that there are three main sources of funding: Senior Citizen Clubs apply for funds from the Elderly Fund which is managed by the government; local authorities can subsidize the Senior Citizen Clubs on a project basis ; and since 2006 the Sub-district Health Fund, provided the activities relate to the health or wellbeing of older persons. Private initiatives are fragmented and there is a lack of clarity in division of responsibilities.

Participants also discussed whether a viable long-term care system requires a strong volunteer system and if so how to incentivize it. Participants voiced difficulties faced in encouraging volunteers, but also noted the existence of traditions in many countries to help each other and to help poor people, seeing elderly care as an extension of these cultures. A challenge when volunteer work is performed without any government support is that many care recipients also expect to receive something when volunteers visit. In Thailand the Government has therefore started to provide volunteers with small incentives. It was also noted that the government needs to play a role in a well-functioning volunteer system and provide the basic data required for the community, as well as in establishing systems that facilitate volunteer work, ensure sustainability and quality of care.

Another question related to whether the evaluations under the 2nd National Plan on the Elderly (2002-2021) include impact evaluations. Dr. Suwanrada explained that the indicators are merely process indicators and that the evaluation should rather been seen as a snapshot capturing what is going on in the country.

In the interactive discussion, participants also explored how to incentivize older persons in hospitals to move to other facilities or home, when highly skilled medical care is no longer required. Professor Peng noted that one difficulty in this regard in China, is that hospital care is free of charge while long-term care is out of pocket. Therefore older persons in some locations occupy 80 per cent of the hospital beds. Another issue is whether nursing homes are currently equipped to provide the services needed. While the government requires nursing homes to have skilled medical professionals, it can be questioned whether the financial cost for that is justified. At the same time some older people are not satisfied with the medical expertise in nursing homes.

Participants also discussed which sector or line ministry should be responsible for long-term care. It was agreed that while it is difficult to determine one specific ministry to be responsible for long-term care of older persons, coordination between ministries is essential. Professor Peng explained that in China there are regular meetings between the four ministries with programmes targeting older persons and he noted that all of them need to be involved although the main responsibility for long-term care of older persons in China resides with the Ministry of Civil Affairs.

Rural-urban disparities were noted and participants discussed whether different tracks would be useful. It was noted that in some countries governments invest more in long-term care in urban areas with care in urban areas, while long-term care in rural areas remains more challenging.

c. Long-term care of older persons in India, Indonesia and Sri Lanka

Mr. Aparajit Ballav Dey, Professor and Head of the Department of Geriatric Medicine in the All India Institute of Medical Sciences, delivered a presentation on the status of health and long-term care of older persons in India. Mr. Dey provided an overview of relevant demographic trends and their socio-economic implications. The older population, in particular the very old (75 years old or older) was the fastest growing segment in the population of India. The number of older persons was projected to rise to 323 million by 2050, which would constitute more than 20 per cent of the population. The old age dependency ratio estimated at 12,9 per cent in 2011 was expected to reach 27,5 per cent by 2051.

Despite a comprehensive legislative framework, including the 1999 National Policy for Older Persons, the 2007 Maintenance and Protection of Parents and Senior Citizens Act as well as the 2011 National Programme for Health Care of the Elderly, implementation was reported to be unsatisfactory and roles not clearly defined. Home care and long-term care were legally defined as a responsibility of the family thus placing the family care giver system under considerable stress. Some civil society organizations provided a range of services but few were involved in policy work.

New Government initiatives focused on the population of the oldest old as a priority target group in the National Programme for Health Care of the Elderly as well as on promoting the role of the private sector in providing long-term care options mainly to the middle class population. Dr. Dey described the key challenges of long-term care in India as lack of policies and programmes, lack of financial and human resources vis-a-vis the number of older persons in need of long-term care and lower priority accorded to older persons in the social sector programmes. He highlighted learning and innovation, family as a resource and targeting of today's youth to be prepared for the future as

potential opportunities in the field of long-term care in India.

Dr. Raldi Koestoer, Senior Adviser at the Ministry for Economic Affairs of Indonesia, presented on the long-term care for older people in Indonesia. In his presentation Dr. Koestoer focused on the policy options for long-term care for older persons in Indonesia, alternative financing mechanisms as well as the role of community-based care in the Indonesian context. He stressed that Indonesia was entering a demographically critical decade in terms of the continuing decline of the dependency ratio after having enjoyed the demographic dividend over the past forty years. In 2012 the number of older persons was equal to the number of children under five and by 2020 the dependency ratio was expected to increase to over 10 per cent.

In Indonesia long-term care of older persons has been included into the National Medium-term Development Plan 2015-2019 in anticipation of the critical period of the demographic dividend and was expected to be included in the long-term development planning after the successful completion of the initial planning stage. The multisectoral National Commission for Older Persons established in 2004 was in charge of the long-term care policy for older persons and several financing mechanisms were identified by the Government depending on the focus area and lead Ministry, including social welfare fund and social protection fund, among others.

Government protection schemes included a range of programmes targeting older persons such as integrated health service centres for older persons, community health centres for older persons and retirement insurance for Government officials. Other priority areas in the Indonesian context were addressing the status of older persons in the labour market to accommodate the higher level of education of the older persons in the future, and securing access to education specifically designed for older persons in the form of skills training, public seminars and training by older person groups/associations.

Professor Lakshman Dissanayake, Senior Professor at the Department of Demography of the University of Colombo, delivered a presentation entitled ”Long-term care for older persons in Sri Lanka”. In his presentation Professor Dissanayake outlined the changing nature of Sri Lanka’s demographics where the population of over 60 year olds formed 13 per cent of the total population in 2014 and was projected to reach over 25 per cent by 2050 accompanied by the progressive growth of the oldest old population of over 85 year olds. He stressed the need to adapt the health care system to the changing demographic profile in order to achieve sustainable results.

As Sri Lankan cultural norms traditionally tended to place the burden of long-term care on the family or village, the 2011 amendment of the 2009 Protection of Elders Rights Act No. 9 recognized older persons as a group in need of care and protection by the State in addition to recognizing the rights of older persons. The 2006 National Policy for Senior Citizens outlined the key policy principles as independence, participation, dignity and self-fulfillment. The current Government’s policy focused on expanding the number of residential facilities and dedicated wards for older persons in both base hospitals and Ayurvedic hospitals and also doubling of the older persons’ allowance from January 2015.

In addition to the Government interventions, long-term care of older persons in Sri Lanka has also been addressed by the non-governmental organizations through the provision of residential care homes with a range of care services. The private sector was

providing private pension and insurance schemes as well as home-based care and nursing homes. Professor Dissanayake concluded by presenting a range of potential policy responses, including promoting productive ageing and older women's participation in the labour force, integrated management of primary prevention and building support systems by investing into community-based solutions for long-term care.

During the interactive dialogue that followed, several experts noted the diversity of alternative approaches to long-term care based on the national context. In India, the focus of Government policy on older persons has been on the oldest old, or those 75 years old or older, and provision of home-based long-term care for this target group. At the same time, socio-economic diversity of India meant that multiple contexts co-existed within the country calling for a variety of tailored solutions. On the other hand, the national group insurance programme for poor families was capped at five persons per family thus often excluding older family members from access to health care. In Sri Lanka, the majority of older persons were in the younger age category so there was no sense of urgency to explore long-term care policy options for the moment. Indonesia was undertaking an assessment of the scale and characteristics of its population of older persons in order to prepare appropriate long-term care options.

Experts also discussed the targeting versus universal approaches to long-term care for older persons. They highlighted that there were benefits and risks to any targeted intervention and it was important to exercise a human rights-based approach to address potential exclusion caused by targeting. Targeting the most marginalized was proposed as an intermediate term solution before the ultimate goal of a universal long-term care scheme. Means of measuring marginalization and dealing with those who fall just short of the threshold were mentioned as two potential administrative challenges of this approach. It was acknowledged that universal coverage was the agreed long term goal, however, meanwhile countries needed to focus on the short and intermediate term goals. It was considered important to identify key priority areas for long-term care policy planning.

IV. Identification of key issues relating to human resources and the role of technology in long-term care

a. Key issues relating to human resources

Professor Jian'an Li, Honorary President of Zhongshan College, Dean of the College of Rehabilitation Medicine, Nanjing Medical University and President of International Society of Physical and Rehab Medicine, presented an overview the Zhongshan College model for long-term care of older persons.

The Zhongshan Elderly Services Human Resources Development Area is based on a "Five-in-One" model for long-term care, which includes an elderly home (1,500 units), a rehabilitation hospital (450 beds), a skilled nursing home (300 beds), professional training at the Zhongshan College (10,000 students) and a community service component which covers 1 million local residents.

The five components integrate qualified medical services, seamless community service and human resources development and research. The elderly home provides "one-stop" elderly services with medical care and nursing, as well as support for independent,

healthy and quality living in an accessibility-friendly environment. The Zhongshan Rehabilitation Hospital is run in cooperation with Jiangsu Province Hospital and hosts a strong expert team in medical rehabilitation and advanced equipment and facilities. The nursing home serves dependent elderly with nursing services and ensures a dignified living to the end of life.

The Zhongshan College of Allied Health and Rehabilitation offers diploma courses for various occupational categories such as rehabilitation therapists, rehabilitation nurses, and rehabilitation engineering, environmental engineering, care management etc.; postgraduate courses in physical therapy and occupational therapy offered in cooperation with Nanjing Medical University; and Certificate Training Courses in elderly service, community services for the elderly, rehabilitation nursing and assistive devices .

Professor Li noted that ageing is a process and not a disease and that all older persons at some point are affected by a reduction in physical activity and functional and/or cognitive decline. He therefore predicted services and products relating to ageing would become one of the most influential industries in the years to come.

Professor Li highlighted that health is of critical concern to many older persons and therefore the hospital plays an important role in the Zhongshan model. Equally, rehabilitation is a key area to ensure a quality life for older persons and Professor Li therefore called for more attention to rehabilitation with a view to restoring an older person's functionality. As older persons have different needs depending on the individual life situation, the Zhongshan integrated model provides different types of cares so that an older persons seamlessly can shift care forms depending on the individual situation. Professor Li added that dependent older persons and older persons at the end of life also require a good environment which in the Zhongshan College is provided by a skilled nursing home. The Zhongshan model is funded through multiple sources of funding with both government funds and private investment.

b. The role of technology in long-term care

Mr. Alex Ross, Director of the WHO Kobe Centre for Health Development, gave a presentation on technologies and innovation for long-term care of older persons. Mr. Ross noted that technology is merely a tool to achieve other goals and that it should serve to build a society for everyone - a society for older persons. He expressed that the core values of a society for everyone are equity, autonomy and dignity.

Technology for long-term care should aim to keep older persons at home or in the community for as long as possible, increase the quality of life, health status, well-being and dignity of older persons, while at the same time keep costs down. Technological innovation can be a way to improve care services, prevent or manage functional and cognitive decline, promote social inclusion and connectivity. To achieve this Mr. Ross highlighted the need to blend social, technological and medical innovation, provide early diagnosis, prevention and treatment of multiple chronic conditions and risk factors, ensure rehabilitation, enhance mobility and revise the built environment. He added that simplicity and scalability are important for technology.

Medical and assistive devices need to be available, accessible, appropriate, affordable, safe and effective. Depending on the needs and context of each older person different technological innovations could be useful, for example devices to ensure medical

and nutrition adherence, to manage ADL, enhance mobility, assistive technology for vision or hearing impairments, falls prevention, devices to reduce risk factors for decline in frailty, diagnostics, patient monitoring, rehabilitation etc. Some simple devices can be of great assistance in this regard, such as the use of iPads for family caregivers who take care of older persons with dementia, technology to help an older person to remember to take and swallow medication, low cost smartphones which are easy to see and easy to use, solar powered hearing aids, canes with sensors etc. Environmental technologies, such as lights and benches, for urban environments can make great impact in the lives of older persons and easily be made safe and effective.

Mr. Ross noted that many useful technologies are available but rarely used. To change this, the development of care technologies needs a stronger user-focus and listen to what older persons want and need. There is also a need to ask older persons what prevents available assistive devices from being more widely used to overcome, for example, stigma for hearing aids. Other issues to consider are the maintenance of devices and the health literacy of the user community.

In addition, robust and independent evaluations of current and new technologies are needed to in order to give the care system the confidence to implement new technologies. Measuring the impact is the key for governments to assess the cost-effectiveness of technology and to set clear criteria for reimbursement. A coherent policy framework is required for this and for outlining eligibility for the assistive devices and technology. The industry is looking for signals of who will pay for technological innovation as the margin of profit is small, especially in middle income countries.

With many technological innovations available, Mr. Ross suggested that there is a need to develop an inventory on existing innovations to be assessed for broad application and create a hub of technologies for ageing for low and middle income countries. He also noted that it is important to consider in which setting the technology would be used.

In the interactive discussion, it was noted that the disability community has great experience in assistive devices and that the disability and the ageing communities are now starting to connect.

Mr. Ross was suggested that countries start with the simple and cost-effective assistive devices, such as government coverage of hearing aids and the development of cheap solar-powered hearings aids. Expensive solutions for integrated city environments or experimental robotics that are used in wealthier countries would not be the priority for low and middle income countries. According to a WHO survey of the needs for assistive and medical devices for older persons in six countries of the Western Pacific Region, older persons gave the highest priority to devices needed to assist with eating and drinking as independently as possible; transfer to or from bed or chair; to be clean and hygienic; and to be able to hear and communicate.

In the discussion, participants also highlighted the importance of the "software" for using technology, emphasizing the importance of skilled rehabilitation personnel who can educate an older person in how to use a technology in an easy and safe manner.

Several participants emphasized the need to listen to older persons to understand what they want and need, and experts discussed how to solicit these inputs. Examples were given of how to successfully solicit the views of older persons, such as in urban planning

projects in New York, while it was noted that in the development of technology for older persons the views of older persons are rarely asked for. Some noted that often the answer to what older persons want and need may be simpler than what the industry and policy-makers assume. The disability movement has experience in making their voices heard in such processes, which we can learn from in the development of technologies for older persons in general.

Participants also noted that sometimes older persons do not want assistive devices that could facilitate their life, as they want to "practice" and keep living life as normal, with examples given of older persons' preferring to use the stairs over a lift, to eat normal food instead of soft food. It was also highlighted that social innovation is as important and an example was given of successful social innovation in India to do outreach for improving vision for older persons.

It was also noted that many times reference is made to the "silver economy" assuming that older persons have a lot of many to spend, which is not the case for the majority of older persons. Participants noted that it is important that countries think of assistive technologies as an investment rather than just a cost.

Experts emphasized that technologies should aim to restore a lost function. Failing that, technologies should compensate and only in last resort should technology be used to substitute for the function. In this regard, it was suggested that the International Classification of Functioning, Disability and Health (ICF) could be useful as a tool for assessment.

V. Identification of inter-linkages between health-care and long-term care

Ms. Britta Baer, Technical Officer at the Western Pacific Regional Office of WHO, delivered a presentation on "Health and long-term care that meet the needs of older people". Ms. Baer presented the WHO Regional Framework for Action on Ageing and Health in the Western Pacific (2014-2019), which was based on the principle that the highest attainable standard of physical and mental health is a fundamental right of all older people, without discrimination. The four action pillars of the framework included fostering an age-friendly environment; promoting healthy ageing across the life course and preventing functional decline; reorienting health systems to respond to the needs of older persons; and strengthening the evidence base on ageing and health.

The third pillar of the regional framework called for reorienting health systems to meet the needs of older people through making them responsive to the needs of older people, starting with the provision of acceptable, accessible and effective services across the continuum of care. Mr. Baer stressed that four enabling factors for access to integrated services that meet the needs of older persons were effective health sector leadership and governance, affordable services and financial protection, access to needed health technologies of assured quality, and a workforce with appropriate skills.

Access to integrated care services highlighted the need for the continuum of care approach covering variety of care options such as institutional care, informal or family care, home care and self-care, and essentially looking beyond facility-based models to innovative, community-based health and long-term care. Pressures on health spending resulting from population ageing can be addressed with a diverse range of financial arrangements based on different financial incentives keeping the focus on simple options

tailored to the country context. WHO advocates empowering older persons to live long, healthy and independent lives by promoting healthy ageing and disease prevention across the life course and fostering age-friendly environments across sectors.

In her presentation Ms. Peh Kim Choo, Director of the Hua Mei Centre for Successful Ageing at the Tsao Foundation in Singapore, focused on building an integrated healthcare community by means of establishing essential linkages between health care and long-term care. Ms. Kim Choo introduced the definition of long-term care as a 'myriad services designed to provide assistance over prolonged periods to compensate for loss of function due to chronic illness or physical or mental disability' and provided numerous examples of community-based long-term care services. The diverse spectrum of long-term care services could be divided into in-home services, services provided in congregate living settings that are expected to be the recipient's home, and services provided outside the recipient's home.

Ms. Kim Choo identified two key aspects of establishing essential linkages between healthcare and long-term care as care management (or care coordination) and the person-centred medical home (comprehensive primary care). Care management was defined as 'the deliberate organization of patient care activities between parties involved in a patient's care to facilitate the appropriate delivery of health care services' with a key coordination role played by the case manager. The focus of care management was placed on assessment and planning, monitoring and evaluation as well as coordination and brokerage. In turn, the person-centred medical home (PCMH) was defined as not simply a place but as a model of the organization of primary care that delivers the core functions of primary health care. The person-centred medical home was based on the key principles of patient-centered care with an orientation toward the whole person, comprehensive care, care coordinated across all the elements of the health system, superb access to care as well as a systems-based approach to quality and safety of care. The goal of the person-centred medical home is to improve patient outcomes, patient experience with care and quality of care ultimately leading to better health and reduced costs.

In conclusion, Ms. Kim Choo highlighted several issues to consider for the implementation of the linkages between long-term care and health care, including financing framework, training and development of appropriate labour force, developing communication platforms and siting within the health care system.

During the interactive dialogue that followed, the demand for a care management system was acknowledged. In India and other countries, older persons had to go to different doctors as was required by the fragmented state health system in order to address their multiple concerns. Several experts noted that the need for coordination was at the core of care management and that care management and primary care could be implemented in any income context.

The care manager needed to serve as the first point of contact, a one stop shop for older persons that could provide answers and offer a number of perspectives. One of the roles of care managers was to act as an advocate of the older person with doctors stressing the need, urgency and priority of interventions. In Japan, care manager was recognized as a professional occupation that required an examination to qualify. On the other hand, experts recognized that some basic care management could be performed by community health workers, especially in rural settings.

Training and capacity building of existing human resources was noted as one approach to long-term care management. For example, in Sri Lanka family health workers have been focusing on maternal and child care but as the demand for maternal and child health services is declining due to the decreasing child population, family health workers could begin to work as care managers for older persons provided they are given adequate training. The Philippines was quoted as an example of re-orienting community health workers, whereby the communities themselves requested local authorities that health workers focus on older persons. It is important, however, to seek opinions of older persons themselves as rights holders in the process of long-term care management.

Meeting participants also noted the emerging need to address linkages between non-communicable diseases and ageing in the region. The WHO Regional Committee for the Western Pacific region had already recognized the synergies and overlaps between non-communicable diseases and ageing, although the two are structurally separate in the organization, and highlighted the importance of earlier intervention as well as focusing on specific risks for older persons over 60 years old. In India, higher risk of non-communicable diseases for older persons was associated with lower socio-economic status.

VI. Review of home-based care modalities, including family-care, community-care and self-care

Ms. Meredith Wyse, Strategic Development Manager from the HelpAge International East Asia and Pacific Office based in Chiang Mai, Thailand provided an overview of modalities for self-care, family care and community care focusing on the role of older persons' associations and the work of HelpAge in the region. At the Asia-Pacific Regional Conference on Ageing organized by HelpAge in May 2012, the organization identified several strategic priorities, including gaining a better understanding of the care needs and situations of older people in developing country contexts, expanding partnerships in responding to the care challenge, developing and sharing models of affordable and sustainable care services, promoting training of care givers, and increasing national and regional advocacy to help put care of older persons on policy agenda. In response to the identified priorities, HelpAge was working on a situation analysis of care in old age in South East Asia and China that included a review of both definitions and current state of care provision and projections of care gaps and was expected to be published in early 2015. The Organization was also conducting a regional comparative overview of community-based care approaches in East and Southeast Asian countries focusing on social care and support as well as elaborating a strategy paper for the HelpAge Asia-Pacific Network focusing on physically or mentally dependent older persons whose family support and financial resources are insufficient to meet their basic social care needs.

With regards to the role of older persons' associations, Ms. Wyse emphasized that most older persons' associations (OPAs) were multifunctional as they create synergies between activities, meet real needs, adapt to local context and are inclusive. As such, OPAs became relevant actors in local development focusing on three key areas, namely promoting healthy and active ageing, organising regular health screenings and access to health services, and providing home care by volunteers and paid care assistant as well as support to family care givers. Ms. Wyse highlighted positive impact of the role of OPAs in Vietnam where the care model was included into the national policy on ageing. It was

recommended to include OPA targets in national plans, develop operational guidelines for OPAs, simplify registration processes, formalise links with local authorities, ensure inclusion in local development planning process and identify both specific and general funding sources for OPAs. Human resources were instrumental to supporting the older persons' associations in their role. Ms. Wyse also noted concerns about how to ensure the quality of care, equity and accountability for this care model.

Mr. Cho Hyunse, President of HelpAge in the Republic of Korea, presented an overview of home and community care for older persons in the member states of the Association of Southeast Asian Nations (ASEAN) and the contribution of HelpAge over the past ten years. He described the challenges facing ASEAN as general population ageing that in turn, led to a growing need for social and health care services for older persons; lack of informal care modalities combined with pressure on the traditional family care support system; and lack of care policies and priority accorded to ageing issues.

HelpAge Korea together with HelpAge International designed a project entitled 'Home care for older people in ASEAN countries', which had been rolled out in ten ASEAN member states. The main objectives of the project were to develop home care model that was suitable to local contexts, to expand home care in collaboration with Government and civil society organizations, and to integrate home care into national policy. The project focused on volunteer-based home care that supported older persons' independent living at home and in the community and reduced the burden of family care givers. An impact evaluation conducted in 2011 found that both Governments and older persons in all participating countries assessed the impact of the home care model as more than satisfactory. At the same time, more collaboration with NGOs was required to expand home care nationwide although home care services provided by unpaid volunteers were not sufficient for older persons suffering from non-communicable diseases and limited mobility. In response to the evaluation, HelpAge Korea together with HelpAge International designed a follow up project entitled 'Community services for older persons in ASEAN countries' (2013-2016) that focused on developing community-based service programme model, and sharing the model with the ten ASEAN countries. The project was expected to develop training manuals and document policy recommendations as well as address acceptability, effectiveness and sustainability limitations as identified in the impact evaluation. A regional conference on "Community based Service Project" with ten ASEAN countries was planned to be held in May 2015, in Cambodia.

Ms. Wendy Holmes, Technical Director of Better Vision and Healthy Ageing Program in Sri Lanka, presented on long-term care in the community. She emphasized that the demographic transition taking place in the region was both a challenge and an opportunity, and that expectations of older people themselves were changing. The first priority should be to raise awareness of policy makers and other stakeholders highlighting the benefits of an ageing population and the contribution that older people make to their families, communities and the country. It was imperative to adopt a rights-based approach and to tackle ageism and framing ageing as a disaster, 'time bomb' or 'tsunami'. The contributions of older persons, especially older women, to the economy and society were traditionally underestimated.

Ms. Holmes outlined particular barriers to health care for older people such as lack of mobility, transport costs, long waiting times, user fees and provider attitudes. In

this context, demand for long-term care was difficult to predict due to the lack of data and the fast changes in the factors that influence demand. The slogan 'someone for everyone' illustrates the diversity of community-based care options. Practical and financial support for caregivers was essential to raise the profile of caregivers and increase their opportunities for training and social participation. The continuum of care approach required strong support and referral links between levels of care and links with civil society groups and traditional practitioners. More and better research was needed to draw robust conclusions about how the setting of care delivery influences the outcomes and costs of long-term care for older persons.

Ms. Holmes provided an overview of alternative long-term care models, including practical adaptations for home-based care, adapted primary health care, shared medical care and traditional medicine. The role of employers was rarely addressed but the workplace was another context for long-term care and preparation for healthy ageing. Some nursing homes were needed for respite care and for destitute elders but regulation was paramount to prevent mistreatment and abuse. In particular, Ms. Holmes highlighted the need to address visual impairment in the context of long-term care and outlined the key advantages of training older persons to screen vision. In low- and middle-income countries, visual impairment was greatest cause of burden of disease in older people, at three times greater than in high-income countries. She also drew attention to the potential role of peer educations in health promotion and sharing their experiences of cataract surgery.

In the interactive discussion that followed, several experts noted the critical importance of human resources for the provision of long-term care and the need to identify approaches based on the local context. For example, supporting civil society organizations and older persons associations in the delivery of services for older persons was one option in low resource contexts. In China, the work of care workers had been decreasing in the areas of maternal and child mortality sectors due to the advances in the implementation of family planning services and these care workers could now shift to work with older persons. It was also noted that it was important to build capacities of volunteers and older persons organizations to ensure effective community home care and community care. The importance of regulation and continuous monitoring was also raised during the interactive discussion especially in the context of abuse in long-term care settings.

VII. Consideration of the role of government policy in orienting long-term care services

Professor Zhang Tuohong, Deputy Director of the Department of Global Health at the School of Public Health of Peking University, delivered a presentation on the role of government policy in orienting long-term care services. Professor Zhang's presentation focused on three considerations for government policy making in the area of long-term care, namely having a sector-wide national strategy on health and ageing; developing guidelines and standards on financing, integrated provision of long-term care services and evaluation of progress; as well as financial management, planning, monitoring and evaluation.

In addition to focusing on health and long-term care, a sector-wide national strategy on health and ageing needed to take into consideration aspects of older persons' social participation such as working, learning and traveling, living arrangements,

itransportation, housing and mental support. Professor Zhang identified development of guidelines and standard-setting as a key element of government policy with regards to orienting long-term care services. The guidelines were needed to address the key factors affecting long-term care of older persons such as financing of long-term care; service provision including human resources and delivery modalities; as well as quality assurance and coordination between different stakeholders, including government, civil society and the private sector.

Another key role of the Government in regulating long-term care services was in ensuring effective financing management, auditing and results-based planning. Presence of a functioning financial management mechanism was crucial for all aspects of long-term care. Having in place a monitoring and evaluation plan as well as a reporting mechanism is essential for measuring results and results-based planning. The government should also take the lead in knowledge sharing on long-term care, including managing an information collection platform, putting in place an integrated data processing mechanism, and in translating the collected information into knowledge and data for policy makers and practitioners.

Ms. Susana Concordo Harding, Director of the International Longevity Centre at the Tsao Foundation in Singapore, presented her organization's views and experiences in terms of the role of Government policy in orienting long-term care. Ms. Harding emphasized that the need for long-term care depended on the prevalence of disability and availability of informal support, including demographic change, epidemiological change in terms of the double burden of disease as well as changes in societal models. She outlined four potential roles for government policy regarding long-term care, including stewardship, financing, resource generation and service provision.

The stewardship role of the government policy denoted the need to identify long-term care priorities in the country, including relative priority of long-term care among other needs. The financing role of the government was to consider and define whether access to long-term care services should be based on entitlement, or be subject to budget constraints, to consider direct service provision versus cash grants; to consider a degree of prioritization by income, disability and family situation and whether minimal suport to many should be prioritised over greater support for a few. In terms of the resource generation role, Ms. Harding highlighted the role of family and informal care, human resource strategies, decentralization of decision-making, financing and responsibility for provision of long-term care and also market incentives for providers and users. Another key role for government policy was in the area of service provision, including defining the state versus family responsibility, regulating the quality of care and devising strategies for achieving integrated and coordinated care. In this regard, the roles of the civil society and the private sector were complementary to the government.

In conclusion, Ms. Harding outlined potential future policy initiatives under the umbrella of a comprehensive system-wide long-term care policy. The policy initiatives included paying more attention to cost-effective health promotion and prevention, introducing targeted universalism in terms of health and social care screening, putting emphasis on cost-efficiency and cost-benefit analysis, training para professionals and supporting their growing role for home visits. Further proposed policy alternatives covered developing health information systems, using evidence-based practices, developing mental health policy, promoting social innovations thinking and intergenerational solidarity as well as community support networks and long-term care

insurance financing options.

During the interactive dialogue that followed, several experts noted the role of the government as the main duty bearer according to the human rights-based approach highlighting the importance of political commitment that differs across the region. It was noted that the government policy response was an indicator of political commitment and was needed regardless of the stage of ageing and development. Long-term care needed to be included in into national ageing policy or policy on older persons as well as integrated with health and social policies.

Gender dimensions of ageing and their implications for long-term care were identified as an important cross-cutting factor. Majority of oldest old were women, majority of carers were women, and majority of older persons left alone after their spouse's death were women and transitioning from family-dependent informal care to formal care supported by the government must be approached in this context.

The issue of long-term care insurance was identified as a crucial niche for the role of the government as private insurance companies did not normally offer long-term care insurance. The work on developing long-term care insurance options needed to involve the private sector and social entrepreneurship. Different financing models of long-term care insurance could be designed for different country contexts and resource availability. For example, in the Republic of Korea long-term care system was not based on insurance but rather it was designed as another form of taxation where eligibility was based on age, disability etc.

VIII. Consideration of possible outline for guidelines for long-term care of older persons in the Asia-Pacific

Mr. Srinivas Tata, Chief of the Social Policy and Population Section, ESCAP, presented a tentative outline for a guidance document on long-term care of older persons in the Asia-Pacific region. It would include: policies for long-term care in different country settings; how to estimate the care-needs; the roles of different stakeholders in the provision of long-term care; different modalities of service delivery; financing options for long-term care systems; human resources needs; and how to use technology and traditional medicine in long-term care.

The guidance document would draw upon experiences from the region and beyond. Lessons learned from the region would be based particularly on case studies of the long-term care systems in China, India, the Republic of Korea and 2-3 additional countries. This would be complemented by experiences documented by the Organization for Economic Co-operation and Development (OECD) and the UN Economic Commission for Europe (UNECE), covering experiences from both high-income and emerging economies.

The format of the guidance document would be recommendations that policy makers and other stakeholder should take into considerations when shaping a long-term care system for older persons. It would cover both medical and social aspects of long-term care as well as inter-linkages.

In terms of estimating the need for long-term care of older persons, Dr. Tata highlighted that countries need to have reliable data and a method of projecting future care needs. In this regard he suggested that it may be useful to look at disability rates and disability-adjusted life years (DALYs), in comparison with life expectancies at age 60. Dr.

Tata noted that there is also a need for strong data to make a compelling case for the need to develop and strengthen long-term care systems as countries have competing demands and older persons as a group often is less visible and vocal than other groups.

Mr. Tata noted that the Government has a central role in long-term care of older persons, *inter alia*, for policy development, regulation and standard setting, as a service provider, as a coordinator of stakeholders and of services, for the planning and development of human resources, to incentivize long-term care etc. In addition, a range of stakeholders play important roles for the provision of long-term care, including families, communities, civil society organizations, older persons associations, the international community.

Financing of long-term care is an area of great interest and concern to countries in the region. Current financing modalities include taxes, revenue from long-term care insurance, funds from philanthropic organizations and the private sector, savings of older persons and contributions from family-members. Care is also provided by family members and communities through a considerable amount of unpaid carework. The guidance document would therefore focus on the different modalities of long-term care funding and provide policy recommendations for financing options in different settings with a view to strengthening the sustainability of long-term care systems.

As had been noted earlier in the Consultation, most countries in the region lack sufficient skilled and trained long-term care personnel to meet current care needs. This includes both health and non-health workers, such as geriatrist, general practitioners with sufficient skills in ageing, nurses, outreach personnel, health workers, volunteers, care managers/coordinators, rehabilitation specialists, speech therapists, occupational therapists, psychologists, social workers counsellors etc. The guidance document would examine good practices, identify gaps and give recommendations on the development of human resources for long-term care.

Noting the important role that technology and traditional medicine could play in long-term care in the future, Dr. Tata referred to how simple low-cost solutions such as monitoring and alarm devices, assistive devices, teleMedicine, teleHealth and new drugs could contribute to better meeting the increasing demands for quality long-term care services. The guidance document would therefore explore how technology and traditional medicine could be better used in the region.

In the interactive discussion that followed, experts agreed that there is no one model national policy on long-term policy that would fit all country contexts, but that policy recommendations or options would be highly useful. While some countries have more comprehensive policies in place, others are less developed and would benefit from learning from others.

Participants suggested that the guidance document reviews how to use the existing heath care systems and reorient them more towards older persons. It was noted that in some countries there are government employees in the social sector that could be used for care of older persons, for example family health workers or community health workers. In terms of service delivery, the need for monitoring and evaluation of long-term care was stressed, noting the need to therefore have standards put in place. The value of computerized health information systems, currently often lacking, was noted both for monitoring and evaluation, but also to ensure an integrated service delivery. The need for better coordination between ministries, between different stakeholders as well as international actors, was also

highlighted.

Experts noted that given importance of the family, its role in relation to long-term care - past, present and future - may require special attention. It was argued that while all countries in the region would consider the family as traditionally having a central role in caring for older persons, there may be subregional differences, including how legal systems have integrated this role.

Among the core principles that the guidelines should emphasize are: the central role that older persons themselves need to play; respect; non-discrimination; freedom from violence and abuse; equity; and the need to recognize the diversity of older persons. It was emphasized that it would be useful for the guidance document to provide recommendations on how to ensure a structured approach to put the voices of older persons at the center of policy formulation and implementation. Experts also suggested that it may be useful to add a chapter focusing specifically on the gender dimensions of long-term care.

In relation to assessing the care needs, the need for more and better data and research was stressed. Participants noted that given the changes in contexts and demographics in the region, there is a need to look into modelling for different scenarios. Another issue raised was to ensure care needs for older persons living with dementia are included. It was also suggested to explore estimates for the care work is performed by women. Participants also noted that more data, information and research is needed for evidence-based policy recommendations and also to ensure comparable data is available across countries.

Furthermore, it was noted that estimating care needs is different for estimating the care requiring public intervention. A few countries in the region have experiences in estimating the need for care requiring public intervention and it was noted that this is quite complex. The guidance document to be developed by ESCAP would focus on assessing the long-term care needs generally since the level of care provided by public intervention to large extent depends on political choices.

Participants welcomed that the guidance document would clearly point out that there is a shortage of care workers in all countries. Experts noted the need to discuss the need to increase the attraction of care work, including opening career paths, the need for training programmes, accreditation standards, explore the need for possible new professions in the care sector. One area identified which would require more attention, is the need for better care coordination. Participants noted that training and development also of informal caregivers and for self-care would be important to include.

Participants re-emphasized that technology needs to follow the principles of restore, compensate and substitute, and that areas that are important to include also are home adaptation and transport, noting its key role in ensuring older persons can access other services. Therefore it was suggested that those involved in public transportation policy development should be included as a target group.

It was noted that long-term care cannot depend upon philanthropic funding and that the government in all cases has the main responsibility for long-term care. Participants also noted the need to have a rights-based approach to long-term care regardless of how it is financed.

Additional suggestions from the participants included to consider studies and

evidence from other regions and for ESCAP to explore mechanisms for a regional monitoring mechanism.

IX. Closing of the Consultation

In her closing remarks, Ms. Meilin, NHFPC expressed her gratitude towards ESCAP and all participants and conveyed NHFPC's interest in continuing to work closely with other countries and ESCAP on long-term care of older persons in the context of the rights of older persons. On half of ESCAP, Mr. Tata, ESCAP closed the Consultation and expressed his gratitude to the NHFPC for their support to for the Consultation, and thanked all participants for their active contributions and high degree of commitment.

Annex I

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UNITED NATIONS SECRETARIAT

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)
SOCIAL DEVELOPMENT DIVISION (SDD)

Ms. Nanda Krairiksh	Director, Social Development Division
Dr. Srinivas Tata	Chief, Social Policy and Population Section
Ms. Therese Bjork	Social Affairs Officer, Social Policy and Population Section

Ms. Vanessa Steinmayer	Social Affairs Officer, Social Policy and Population Section
Ms. Ksenia Glebova	Associate Social Affairs Officer, Social Policy and Population Section

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Annex II

PROGRAMME

Tuesday 9 December

Time	Agenda item
08:15-09:00	○ **Registration**
09:00–09:20	○ **Agenda item 1: Opening session** • **Welcoming statements on behalf of the organizers** *Dr. Srinivas Tata, Chief, Social Policy and Population Section, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)* *Ms. Xu Meilin, Inspector, Department of Family Development, National Health and Family Planning Commission of China (NHFPC)*
09:20-09:50	Coffee Break and Group Photo

Time	Agenda item
09:50–10:45	○ **Agenda item 2: Overview of definitions and concepts relating to long-term care of older persons** • ***Objectives of the Regional Expert Consultation on Long-term Care of Older Persons*** *Ms. Therese Bjork, Social Affairs Officer, Social Policy and Population Section, ESCAP* • ***Presentation on definitions and concepts relating to long-term care of older persons*** *Dr. Srinivas Tata, Chief, Social Policy and Population Section, ESCAP* • ***Interactive discussion and Q & A***
10:45–12:00	○ **Agenda item 3: Review of national experiences from the Asia-Pacific region regarding long-term care of older persons** • ***Presentations of experiences from Japan and the Republic of Korea*** *Dr. Reiko Hayashi, Director, National Institute of Population and Social Security Research, Japan* *Dr. Young Jun Choi, Associate Professor, Korea University, Republic of Korea* • ***Interactive discussion and Q & A***
12:00-13:15	Lunch hosted by ESCAP
13:15–14:30	○ **Agenda item 3: Review of national experiences from the Asia-Pacific region regarding long-term care of older persons** • ***Presentations of experiences from China and Thailand*** *Professor Du Peng, Director, Institute of Gerontology. Renmin University of China, China* *Dr. Worawet Suwanrada, Associate Professor, Chulalongkorn University, Thailand* • ***Interactive discussion and Q & A***

Time	Agenda item
14:30–16:00	○ **Agenda item 3: Review of national experiences from the Asia-Pacific region regarding long-term care of older persons** • ***Presentations of experiences from India, Indonesia and Sri Lanka*** *Professor Aparajit Ballav Dey, All India Institute of Medical Sciences, India* *Dr. Raldi Hendro Koestoer, Senior Adviser, Ministry of Economic Affairs, Indonesia* *Professor Lakshman Dissanayake, Senior Professor, University of Colombo, Sri Lanka* • ***Interactive discussion and Q & A***
16:00-16:15	Coffee Break
16:15-17:30	○ **Agenda item 4: Identification of key issues relating to human resources and the role of technology in long-term care of older persons** • ***Presentations by*** *Professor Jian'an Li, Zongshan College, China; President of International Society of Physical and Rehabilitation Medicine, and foreign associate of Institute of Medicine (IOM)* *Mr. Alex Ross, Director, WHO Kobe Centre for Health Development* • ***Interactive discussion and Q & A***
17:30-17:45	**Wrap up of day and introduction to next day's agenda**

Wednesday 10 December

Time	Agenda item
9:00-10:15	○ **Agenda item 5: Identification of inter-linkages between health care and long-term care** • ***Presentations by*** *Ms. Britta Baer, Technical Officer, WHO-Western Pacific Regional* *Ms. Peh Kim Choo , Director, Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore* • ***Interactive discussion and Q & A***
10:15-10:30	Coffee Break

Time	Agenda item
10:30–12:00	○ **Agenda item 6: Review of home-based care modalities, including family-care, community-care and self-care** • ***Presentations by*** *Ms. Meredith Wyse , HelpAge International East Asia and Pacific Office* *Mr. Cho Hyunse, President HelpAge Korea* *Dr. Wendy Holmes, Technical Director, Better Vision and Healthy Ageing* • ***Interactive discussion and Q & A***
12:00–13:00	Lunch
13:00-14:15	○ **Agenda item 7: Consideration of the role of government policy in orienting long-term care services** • ***Presentations by*** *Professor Zhang Tuohong, Deputy Director, School of Public Health, Peking University* *Susana Harding, Director, International Longevity Center, Tsao Foundation, Singapore* • ***Interactive discussion and Q & A***
14:15– 14:45	Coffee Break
14:45– 15:45	○ **Agenda item 8: Consideration of possible outline of guidelines for long-term care of older persons in the Asia-Pacific** • **Moderated discussion** *Moderator: Dr. Srinivas Tata, Chief, Social Policy and Population Section, ESCAP*
15:45 -16:00	○ **Closing session** • **Closing remarks**